SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 11a 11b

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Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE Full Name of Individual (Last, First, Middle Initial) or Full Organization Name TA, LOAN, T., MS., Date of Receipt Mailing Address 305 BATTLE WAY 03 2019 City Zip Code State Transaction ID: SA11A.83032641 GA **DALTON** 30720-6369 Amount of Each Receipt this Period FEC ID number of contributing C 10.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **RETIRED** RETIRED CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General EARMARKED FROM WINRED 206.25 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. WINRED Date of Receipt Mailing Address PO BOX 9891 10 03 2019 City State Zip Code Transaction ID : SA11C.83028737237452 **ARLINGTON** VA 22219-1891 Amount of Each Receipt this Period FEC ID number of contributing 20.00 C00694323 federal political committee. X Memo Item Name of Employer (for Individual) Occupation (for Individual) CONTRIBUTION Receipt For: Aggregate Year-to-Date ▼ Primary General TOTAL EARMARKED THROUGH CONDUIT. PAC Other (specify) 5632068.54 LIMIT NOT AFFECTED Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. STRAWSER, LOIS, J., MRS., Date of Receipt Mailing Address 6546 INDIAN WELLS DRIVE 10 03 2019 City Zip Code State Transaction ID: SA11A.83032642 WY **CASPER** 82604-5430 Amount of Each Receipt this Period FEC ID number of contributing C 20.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CONTRIBUTION ASPEN AGENCY **INSURANCE AGENT** Receipt For: Aggregate Year-to-Date ▼ Primary General EARMARKED FROM WINRED 258.75 Other (specify)

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

30.00